



Confidentiality Requested:

Yes No

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1170384

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 3
Doc ID	1170384

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 3
Doc ID	1170384

Tops

Name	Top	Datum
HEEBNER	3909	
TORONTO	3925	
LANSING	3959	
KANSAS CITY	4368	
MARMATON	4502	
PAWNEE	4580	
CHEROKEE	4640	
ATOKA	4815	
MORROW	4870	
ST. GENEVIEVE	4977	
ST. LOUIS	5024	

Summary of Changes

Lease Name and Number: DRUSSEL E 3

API/Permit #: 15-055-22239-00-00

Doc ID: 1170384

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	11/12/2013	11/26/2013
Plug Back Total Depth	5139	5239
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1167591	../..kcc/detail/operatorEditDetail.cfm?docID=1170384



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 3
Doc ID	1167591

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 3
Doc ID	1167591

Tops

Name	Top	Datum
HEEBNER	3909	
TORONTO	3925	
LANSING	3959	
KANSAS CITY	4368	
MARMATON	4502	
PAWNEE	4580	
CHEROKEE	4640	
ATOKA	4815	
MORROW	4870	
ST. GENEVIEVE	4977	
ST. LOUIS	5024	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	DRUSSEL E 3
Doc ID	1167591

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5030-5034 ST. LOUIS	800 GAL 15% HCL FLUSH 21 BBL 2% KCL	5030-5034
4	4582-4590 PAWNEE	800 GAL 15% HCL FLUSH 19 BBL 2% KCL	4582-4590
	CIBP @ 4575		4575
4	4522-4527, 4534- 4538 MARMATON	32 BBL 15% HCL FLUSH 17 BBL 2% KCL	4522-4538

ALLIED OIL & GAS SERVICES, LLC 052007

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberals

DATE <u>9-27-13</u>	SEC. <u>36</u>	TWP. <u>25</u>	RANGE <u>33 W</u>	CALLED OUT	ON LOCATION <u>12:00pm</u>	JOB START <u>5:00pm</u>	JOB FINISH <u>6:00pm</u>
LEASE <u>Drussel E</u>	WELL # <u>3</u>	LOCATION <u>Vcc Garden City</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR _____ OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 11648

CASING SIZE 8 5/8 DEPTH 11653.19

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 41.15

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 102.6

EQUIPMENT _____

PUMP TRUCK CEMENTER Lenny Booza

549-SSO HELPER Aldo E.

BULK TRUCK S27 FB

363-SSB DRIVER Ernie S.

BULK TRUCK _____

_____ DRIVER _____

CEMENT 2% gyp seal 2% soduim Metas

AMOUNT ORDERED 350 Multi-Dens Class C

3%cc .2% SA-SI 1/4# flo seal

24SSB Class C 2%cc 1/4# flo seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE 1Bsk @ 64.00 1152.00

ASC _____ @ _____

Class C Meat 24SSK @ 24.40 5978.00

SA-SI 66# @ 17.55 1158.30

Flo Seal 149# @ 2.97 442.53

Allied Multi-Dens Class C 350sk @ 31.00 10850.00

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 648.0 @ 2.48 1607.04

MILEAGE 1472.70 @ 2.60 3829.03

TOTAL \$25,016.90

REMARKS:

AP LOCATION/DEPT. Liberals D02 NON D02

LEASE/WELL/FAC Drussel E-3

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 1175445 CAPEX / OPEX - Circle one

CPD / BPA UNSUPPORTED

ED NAME Mark A. Bormer

Mark A. Bormer

I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB 1001-2000

PUMP TRUCK CHARGE 2213.75

EXTRA FOOTAGE _____ @ _____

MILEAGE 50 @ 7.70 385.00

MANIFOLD 1 @ 275.00

light vehicle 50 @ 4.40 220.00

_____ @ _____

TOTAL 3093.75

CHARGE TO: OXY USA

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Guide shoe 1 @ 460.98 460.98

AFCU Float Valve 1 @ 446.94 446.94

Centralizer 14 @ 74.88 1048.32

Stop collar 1 @ 56.16 56.16

Top Rubber Plug 1 @ 131.04 131.04

TOTAL 2193.44

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES \$30,254.09

DISCOUNT _____ IF PAID IN 30 DAYS

Net \$ 18,420.74

PRINTED NAME _____

SIGNATURE _____

ALLIED OIL & GAS SERVICES, LLC KB 052293

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal Ks.

DATE <u>10-02-13</u>	SEC <u>36</u>	TWP <u>25</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30</u>	JOB FINISH <u>2:30 P.m.</u>
LEASE <u>Drussel</u>	WELL # <u>E-3</u>	LOCATION <u>Sublete N to Parcell Rd, W 1.8M.</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				N.3M E 1 to.			

CONTRACTOR Aztec # 507
 TYPE OF JOB Long string
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 17 # DEPTH 52.83 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 2,000 MINIMUM
 MEAS. LINE SHOE JOINT 42 ft
 CEMENT LEFT IN CSG. 42 ft
 PERFS.
 DISPLACEMENT 121.5 BBls.

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
#531-541 HELPER Cesar Parvia
 BULK TRUCK
#562-528 DRIVER Alex Corona
 BULK TRUCK
 # DRIVER

OWNER Oxy USA Inc

CEMENT
 AMOUNT ORDERED 275 sk 50/50 H²
2% Gel, 5% Gyp Sand, 10% Salt, 51 b/sk Gils-
onite, 1/41 b/sk F.S., .5% FL-160, .2% CO-31

COMMON <u>Flosale 68.2 lb</u>	@ <u>2.97</u>	<u>204.19</u>
POZMIX	@	
GEL <u>Gilsonite 1375 lb</u>	@ <u>.98</u>	<u>1,347.50</u>
CHLORIDE	@	
ASC	@	
APBIT- <u>50/50 H² 275 sk</u>	@ <u>16.85</u>	<u>4,633.75</u>
MACL (100 lb) <u>16.7 sk</u>	@ <u>26.35</u>	<u>440.05</u>
Gp SL <u>23.1</u>	@ <u>37.60</u>	<u>868.56</u>
FL-160 <u>115.5 lb</u>	@ <u>18.90</u>	<u>2,182.45</u>
CO-31 <u>46.2 lb</u>	@ <u>16.30</u>	<u>755.86</u>
Sr FL <u>12 BB</u>	@ <u>58.70</u>	<u>704.40</u>
	@	
HANDLING <u>451.52 lb</u>	@ <u>2.48</u>	<u>1,119.77</u>
MILEAGE <u>623.53 Ton M.</u>	@ <u>2.60</u>	<u>1,621.18</u>
		TOTAL <u>13,598.21</u>

REMARKS:

AP LOCATION/DEPT Libcap D02 NON D02
 LEASE/WELL/FAC Drussel/E3
 MAXIMO / WSM #
 TASK 0102 ELEMENT 3023
 PROJECT # 1175445 CAPEX / OPEX - Circle one
 SPO / RPA UNSUPPORTED
 PRINTED NAME Gene Bilby
 SIGNATURE: Gene Bilby
I certify that these Service Materials have been received

SERVICE

DEPTH OF JOB	<u>52.83 ft</u>	
PUMP TRUCK CHARGE		<u>5,099.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>heavy 50</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>head 1</u>	@ <u>275.00</u>	<u>275.00</u>
<u>light vehicle 50 M.</u>	@ <u>4.40</u>	<u>220.00</u>
	@	
		TOTAL <u>3,979.25</u>

PLUG & FLOAT EQUIPMENT

<u>Top rubber plug 1 (IL)</u>	@ <u>85.41</u>	<u>85.41</u>
<u>stop collar 1</u>	@ <u>49.14</u>	<u>49.14</u>
<u>Guide Shoe 1</u>	@ <u>280.50</u>	<u>280.50</u>
<u>AFU-Float Valve 1</u>	@ <u>334.62</u>	<u>334.62</u>
<u>Centralizer 20</u>	@ <u>57.33</u>	<u>1,146.60</u>
		TOTAL <u>1,896.57</u>

SALES TAX (If Any) _____

TOTAL CHARGES 19,474.03

DISCOUNT _____ IF PAID IN 30 DAYS

NET = \$12,073.90

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE _____

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 08, 2013

LAURA BETH HICKERT
OXY USA Inc.
5 E GREENWAY PLZ
PO BOX 27570
HOUSTON, TX 77227-7570

Re: ACO1
API 15-055-22239-00-00
DRUSSEL E 3
SW/4 Sec.36-25S-33W
Finney County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LAURA BETH HICKERT